



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
 Oklahoma Youth Leadership Forum (YLF)
Delegate Information and Accommodation Request



Part 1. General information.

Delegate's last name		First	Middle	Date of birth	Sex
Street address			City	State	Zip
Mailing street address, if different			City	State	Zip
Area code	Home phone	E-mail address - own <input type="checkbox"/> parent <input type="checkbox"/>		Social Security number	

Part 2. Request for Accommodations.

Describe your disability or medical condition and if it requires special arrangements. Check all appropriate boxes and provide details.

Blind/visual impairment:

- Use Braille
- Use large print Font size required: _____
- Other Specify: _____

Deaf/hearing impairment:

- Use sign language interpreter
- Use other communication method Specify: _____

Speech impairment:

How may we assist you in communicating?

Cognitive or learning disability:

What is the disability and how can we assist you?

Mobility limitation:

Specify the nature of the limitation and how we can assist you.

- Can you easily walk up stairs to second floor lodging? Yes No
- Do you use a wheelchair? If yes, is it? Manual Motorized
- I require wheelchair accessible lodging. Yes No

Special equipment, including service animals that I will bring:

List all: _____

Special equipment that I require and will not bring:

List all: _____

Personal care attendant needed?

Yes No

If yes, complete the information below and specify any needs or services, such as feeding, dressing, or overnight assistance in detail.

If your personal care attendant(s) plans to attend the YLF with you, list the attendant's name(s): _____

Please note: Immediate family members may not serve as personal care attendants.

Check the appropriate response, providing specific details so that we ensure your attendant appropriately meets your individualized needs.

Mental status:

- Alert
- Confused

Bathroom:

- Use bathroom without assistance
- Use bathroom with assistance
- Use bedside commode
- Incontinent

Personal hygiene, check all that apply:

- Shower independently
- Shower with minimal assistance
- Shower with total assistance
- Bed bath only
- Brush teeth independently
- Brush teeth with assistance
- Groom hair independently
- Groom hair with assistance
- Dress independently
- Dress with minimal assistance
- Dress with total assistance

Mobility:

- No assistance needed
- Propel wheelchair independently
- Propel wheelchair with assistance
- Use walker

Eating meals, check all that apply:

- Independent
- Assistance getting to table
- Assistance cutting up food
- Minimal assistance with eating
- Total assistance
- Gluten-free diet
- Diabetic diet
- Chopped diet
- Pureed diet
- Feeding tube
- Other

Allergies, check all that apply:

- Grass Mold Pollen Weeds Trees
 Other _____

How much time do you need to get ready in the morning?

How much time do you need to get ready to retire in the evening?

Part 3. Medical information.

Primary medical insurance:

Insurance company	Policy number	Policy holder
Phone number		

Secondary medical insurance:

Insurance company	Policy number	Policy holder
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Personal physician:

Name	Area code	Phone
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Medication Policy

To ensure accuracy and consistency with camper medications, ALL MEDICATIONS BOTH PRESCRIPTION AND OVER-THE-COUNTER MUST BE BROUGHT TO CAMP IN ITS ORIGINAL, PHARMACY-LABELED BOTTLE or BUBBLE PACK. Upon checking in medications to the Camp Nurse, medical staff prepares medications for the week. Preparing medicine from the pharmacy-labeled packaging allows medical staff to provide the most accurate and consistent service. Medications brought must be current, as our medical staff will NOT DISPENSE expired medications. Delegates are responsible for bringing sufficient quantities of medication to the YLF.

ALL medications brought to camp must be checked-in with the Camp Nurse and be listed below. Attach additional sheets, as needed. Include information on pain-relievers acceptable for the delegate. If a delegate needs other non-prescription medication during the YLF, the parent/guardian or secondary contact is called by camp medical staff for verbal authorization.

Prescription medication

Name of medication	Strength or dosage	When or how often taken

Over-the-counter medication

Name of medication	Strength or dosage	When or how often taken

Part 4. Miscellaneous information.

Please provide additional information regarding accommodations. Use additional paper as needed:

What is your T-shirt size (adult sizes)? XS S M L XL XXL

Regarding your transportation to University of Science and Arts of Oklahoma:

- I will drive myself.
- I need assistance in arranging travel.

Part 5. Signatures required.

Each student delegate is responsible for any lost or loaned property used during the Oklahoma YLF, for any damages to facilities, and is responsible for abiding by Oklahoma Developmental Disabilities Council and University of Science and Arts of Oklahoma rules and guidelines.

Camper Signature	Date	Parent or Guardian Signature	Date
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I, as parent or guardian, authorize medical professionals of the Oklahoma YLF to act on my behalf in case of a medical emergency.

Signature of parent or guardian			Date
Area code	Day phone	Area code	Other phone

Secondary (Emergency) Contact:

Name		Relationship	
Area code	Home phone	Area code	Other phone